

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H64824**

1. Corporation Name

SUNSPOT BEVERAGE & SNACKS, INC.

Principal Place of Business

Mailing Address

~~CT CORPORATION SYSTEM
8751 WEST BOWARD BOULEVARD
PLANTATION FL 33324-3530~~

~~CT CORPORATION SYSTEM
8751 WEST BOWARD BOULEVARD
PLANTATION FL 33324-3530~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

215 PINEDA ST. UNIT 149

Suite, Apt. #, etc.

4433 KILN CT. BLDG. D

City & State

LONGWOOD, FL

City & State

LOUISVILLE, KY

Zip

32750

Country

U.S.A.

Zip

40218

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1985

5. FEI Number

50-2546227

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GROSSMAN, STUART M.	4433 KILN CT. BLDG. D	LOUISVILLE KY
DST	GROSSMAN, PHYLLIS R.	4433 KILN CT., BLDG. D	LOUISVILLE KY
DV	GROSSMAN, LARRY B.	4433 KILN CT., BLDG. D	LOUISVILLE KY
DV	GROSSMAN, ROBERT	4433 KILN CT., BLDG. D	LOUISVILLE KY
DV	GROSSMAN, JAY	846 BRIGHT MEADOW DR.	LAKE MARY FL
			JB11-25-96

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

500002016575--4

City

-12/02/96--01007--003

*****375.00 ***375.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

PETER F. SOUZA
REGISTERED AGENT MUST SIGN

Date

10/15/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PHYLLIS R. GROSSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/96 **(508) 456-1456**
Date Daytime Phone #

CR2350 (7/96)